Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				-,	-					
FEE TRANSMITTAL						10/552,547 7/20/2006				
For FY 2009					Date	Martijn S		r		
					~		Wang	<u>'I</u>		
✓ Applicant claims small entity status. See 37 CFR 1.27							vv ang			
TOTAL AMOUNT OF PAYMENT (\$) 960					Art Unit 2612 Attorney Docket 3135 -					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
ŕ	H FEES	EXAMINA?								
				nall Entity		mall Entity		Food D	oid (P)	
Application Type Utility	Fee (\$) 330	Fee (\$) 82	<u>Fee (\$)</u> 540	Fee (\$) 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110		Fees F	aid (\$)	
Design	220	110	100	50	140	70				
_										
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FEES									Small Entity	
Fee Description				Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								52 220	26	
Multiple dependent claims								220	110	
	nns <u>0 or HP</u>	Extra Clai	ms Foo	(2)	Fee Paid (\$)		Λ.	390 Jultinla Da	195 ependent Claims	
<u>Total Claims</u> <u>-20 or HP</u> <u>Extra Claims</u> <u>Fee (\$</u>				= 72	ree raid (3)		17	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims - 3	or HP	Extra Clai	ms <u>Fe</u>	e (\$)	Fee Paid (\$)				***************************************	
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE-\$405 and 3-Month Petition for Extension of Time-\$555 \$960										
SUBMITTED BY										
Signature	T.l.				gistration No. ttorney/Agent)	34219	Telepho	ne 41	2-471-8815	
Name (Print/Type) John W. McIlvaine Date January 7, 2009										
						THE REPORT OF THE PERSON NAMED IN			-, -,	